

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035022

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 78

STATE FILE NUMBER

VS 300
Rev. 4/59

10061
30061

3

4 0

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7 1

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94200F

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11

12 90-0

13 20

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED OCT 2 1963

1. PLACE OF DEATH

a. COUNTY

Barton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Lamar

Length of stay in 1b

2 1/2 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

703 Poplar

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Barton

c. CITY OR TOWN

Lamar

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

703 Poplar

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

FRANK

Middle

ALLEN

Last

PIERCE

4. DATE OF DEATH

Month

Day

Year

September 27, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2-7-1866

9. AGE (last birthday)

97

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Illinois

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

A. J. Pierce

13b. MOTHER'S MAIDEN NAME

Ellen Hicks

14. NAME OF HUSBAND OR WIFE

Ida Ann Statts Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

No

None

17. INFORMANT

Bryan Pierce Rt. 1, Liberal, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

arterio-sclerotic & Valvular

DUE TO (b)

Heart Disease

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

yes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I

Fracture 8th Rib Aug 13, 1963

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fall & hit corner of bed.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

Aug 13, 63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

Lamar

COUNTY

Barton

STATE

MO

21. I attended the deceased from April 1942 to Sept 27, 1963 and last saw him alive on Sept 27, 1963

Death occurred at 3:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ben T. Beckel, M.D.

22b. ADDRESS

Lamar, Mo.

22c. DATE SIGNED

9/27/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Sept. 29, 1963

23c. NAME OF CEMETERY OR CREMATORY

Lake Cemetery

23d. LOCATION (City, town, or county)

Lamar, Missouri

24. FUNERAL DIRECTOR

Bruce-Konantz Funeral Home Lamar, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

Sept-28-63

26. REGISTRAR'S SIGNATURE

Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Arthur Bruce

Licensed Embalmer No. 4723

P. O. Address Lamar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.